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House Insurance Committee Members:

Thank you for the opportunity to publicly comment on House Bill 5013, proposing legislative changes to Michigan's Auto No-Fault Insurance.

I would like to comment as a physician, an experienced Physical Medicine & Rehabilitation specialist providing medical care for catastrophically-injured individuals with traumatic brain injuries and spinal cord injuries, as well as being an experienced Medical Administrator and a concerned citizen wishing to act as a steward concerned with the state's finances and the Health Status of its communities.

Briefly, I have been a practicing physician in the State of Michigan for 36 years. My focus has been on the treatment of catastrophically-injured individuals with traumatic brain injuries and spinal cord injuries and the development and supervision of inpatient rehabilitation programs and post-acute rehabilitation programs that are cost-effective, subject to rigorous utilization review, and are CARF (Commission on Accreditation of Rehabilitation Facilities) accredited.

I would like to acknowledge the current Michigan No-Fault Insurance Act of 1973. This act established lifetime coverage for reasonable and necessary expenses and accommodations for the patient's care, recovery, and rehabilitation. This outstanding vision of Republican Governor William Milliken was a brilliant piece of legislation that assured that these services would be provided through the private sector and not burden the public sector. This legislation has been a tremendous benefit and blessing to our state.

We recognize that you, like us, share the concept, "one should never attempt to do harm to others, but should always guard against the harm that might be done to others." When we are discussing catastrophic injuries, we are talking about some of our most vulnerable citizens.

Many of us in the audience today, perhaps like many of you, come from backgrounds of being CEOs, managers or medical directors. When we need to solve a problem, we use a performance improvement or quality initiative model.
We define and measure the problem.
We test the hypothesis.
We propose a strategy to resolve it.
We are asking our legislature to do the same.

There have been concerns raised about Auto No-Fault in terms of affordability, sustainability and fraud. However, there has been no real analysis of affordability and sustainability.
Others will speak about Fraud and I will defer to them. However, if pricing is an issue than rate-making and profit taking need to be analyzed.

I have been privileged to speak to this committee on multiple occasions since October 4, 2011. Not once have I heard an insurance representative or the insurance commissioner address rate-making policies or insurance company profits. As we are all learning rates are not based on driving records but rather on credit reports, education and employment level, zip codes and gender, with women being singled out for higher rates.

Unlike other states Michigan exerts no controls over Insurer's rates and and there is a lack of consumer protection.

Fraud by consumers is already prohibited by law. Insurance companies already have fraud divisions. They hire private investigators and videotape patients. I have seen these videos and when there is fraud, of course, I share that with the insurance company.

However, we are all at risk of breaking a very fine system of care in our state by focusing on the whole system instead of minority that fraudulently uses it. It is important also focus on insurance companies that defraud their subscribers by denying appropriate claims and then litigating against subscribers who question their actions.

Catastrophic injuries, such as traumatic brain injury and spinal cord injuries, are defined that way because they are, indeed, catastrophic in terms of the severity of the injury, the trajectory of a person's life, the impact on their families and communities, and the costs associated with them. They are not "events", not final outcomes but rather the beginning of a **chronic disease process.** In many cases these injuries are "a life sentence." Thus, rehabilitation support efforts do not end after short periods of time. These are chronic diseases-lifelong care is required which is why lifelong care was legislated.

Currently, insurance companies selling no-fault insurance in Michigan have a "stop-loss" at about $540,000 per case. The Michigan Catastrophic Claims Association (MCCA) acts as a reinsurer to protect the no-fault carriers for expenses greater than $540,000. The MCCA covers the remainder of the lifetime benefit. Thus the insurance companies are already selling policies that cap out at $540,000 of exposure and don't really need legislative relief.

I attached an article from Crain's Detroit from 3/29/11 relating to this topic in previous presentations to this Committee in 2011, 2013 and 2015. Michigan no-fault auto insurance carriers are not "an endangered species." It is my understanding that their current profit is in the range of 18-22%. They spend billions of dollars on advertising and sponsoring sporting events. By contrast, in the Crain's article, the Michigan Health and Hospital Association stated that average hospital profit margins on patient care services are "below zero." Nationally, hospital profit margins range from clear losses to a maximum of 5% profit.
In Michigan, a hospital is doing well if the profit is 2-4%.

I did attach an article from Ad Age dated 2/21/11 noting that nationally for all insurance lines ad spending was $4.15 billion, more than double what the industry spent in 2000. State Farm had premium revenue of $30.5 billion in 2009. Net income in the property/casualty industry reached $26.7 billion in the first nine months of 2010, compared to $16.4 billion a year earlier, according to the Insurance Information Institute. Allstate recently agreed to pay $730 million for 30 years of stadium "naming rights."

Insurance companies have ample recourse to assure that they are paying only for reasonable and necessary expenses. They can ask the prescribers for clarification. They can require letters of medical necessity for products and services. They have the right to obtain Independent

Medical Evaluations from other physicians to help them clarify the case or an expense. They can hire nurse case managers to assist them. They already utilize Bill and Review Units to assess expenses. They often only pay to providers already what they consider a reasonable and customary amount. They have the ability to issue denials until information is clarified to their satisfaction. They also have the ability to request judicial reviews.

Discussions of affordability focus on decreasing reimbursement to providers or cutting benefits, with no consideration of insurance company profits.

The Bill states that Insurance company rates shall not be excessive, inadequate or unfairly discriminatory. Excessive was described as the rate being unreasonably high for the insurance coverage provided. If we are talking about affordability, then, by definition, the rates may be too high. On the other hand, the coverage being provided is exemplary. Clearly to solve this conundrum, you and we need information on Insurance company profitability and rate-making structure.

Should we assume that the Insurance company profit margins should be the template for provider profit margins when looking at pricing?

Profits should not be unreasonably high in relation to the risk involved. The Bill does not establish this. Affordability is not addressed in this Bill because it does not address rate reduction and how much more affordable it would be and how many more people it would include.

Keep in mind that Insurance companies do not provide care, they fund care. That funding has established excellent trauma centers around the state with state-of-the art Emergency rooms, imaging equipment, surgical suites, ICU's and rehabilitation programs that may be inpatient, outpatient or residential. The ERs are open 24/7; 365 days per year and the bricks and mortar and capital expenditures are the responsibility of the hospital systems and not the insurance companies. They take care not only of the automobile accident patients but all trauma patients regardless of cause.

At this time, when Michigan is still poor on a relative basis, as 2015- 2016 data from a mlive article of 9/24/17 shows (article attached), this concept of keeping these expenses in the private sector could not be more important.

While poverty declined statewide, some counties remained above the average, including Wayne and Genesee. But they just had the second and fourth highest rates. Isabella County was at the top with 24.1 percent poverty with Ingham third with 20.4 percent. The US poverty rate for 2016 was 12.5%.

Eight of the 16 most populous Michigan cities also had higher than average poverty rates. 14% of Michigan households were on food stamps. The poverty rate in Flint was 44.5% and in Detroit was 35.7%.

The purpose of HB 5013 may be good, but the actual product is shameful and unsustainable. The Bill shows a lack of fundamental understanding of Auto No-Fault and has a number of significantly dangerous unintended consequences. It is clear that it was crafted without the input of key stakeholders. Conspicuous by their absence is the Insurance Industry. Although

the PR for the bill purports to support premium reduction of 20-30-50% we have never heard any insurance representative declare that. Senator Meekhof already said the Senate wouldn't support it. They won't get involved with "price-fixing" on either side. HB 5013 clearly is willing to risk the health status of our communities by "price-fixing" hospitals and providers.

In 2011, Brooks Patterson, a full 10 months before his most unfortunate motor vehicle accident which was and is covered by Workers Compensation, recognized the potential negative economic impact of decimating auto no-fault. There is a clear synergy between the success of auto-no fault and the economies of many communities. Not only in providing health care to our communities but often the largest employers in many communities. Oakland County has 7 medical systems in their county

On the other hand the package of bipartisan bills announced on September 14th in Lansing- known as the Fair and Affordable No-Fault Reform Package- addresses the root causes of Michigan's exorbitant auto insurance rates and provides sustainable and responsible solutions for controlling costs, rooting out all fraud, creating transparency and putting an end to inappropriate rating practices by auto insurers.

Michigan residents with some form of health insurance coverage currently, is at 87.6%. Those with private insurance have dropped to 68.6%, while public health insurance coverage has increased to 33.2%. In Detroit 39% have insurance – driven by a decline in private health insurance coverage from 42.8% to 39.1%. This implies that public assistance will need to keep increasing. Vocational services through agencies such as Michigan Works! will need to have increased budgets.

The MCCA was initiated in 1978. The current rate of $170 per vehicle is an outstanding value for the peace of mind and the services it provides. Any time a driver gets into a vehicle alone or with multiple people, they have the peace of mind that if there is an accident, whether they are at fault or not, their expenses will be covered as a lifetime benefit.

In April 2013, it was noted that not as many people are signing up for long-term care insurance because of the expense. Yet, if a mother is driving 3 kids to school each day, then on those days, the car is insured for a dollar a day of disability insurance or 25 cents a person. There is nothing more cost-effective in this country.

The development of technology to help the disabled has become more mainstream and expected. It still requires training by therapists and technological experts to trouble shoot problems, put in controls, clean up viruses, etc.

The whole point of rehabilitation is functional recovery and prevention of medical complications that can hinder it. A person may feel that a person is recovered when the surgical wound is healed, but we still have to give them their life back after that.

Currently drivers cannot sue for medical expenses because they are reimbursable. When that is no longer the case, they will have no recourse but to file a lawsuit. Auto insurance "seems"

less expensive in other states on the surface, but when lawsuits are resolved, then they may be spending just as much but it is recorded differently. In those states, patients may wait years for the suit to be resolved and for them to start their treatment.

The proposed fee screens make no logical sense if the goal is to sustain our health care system. I attached an Article in Crain's from 9/14/2011, "Michigan Medicaid Costs could rise by $30 million in first year if no-fault bill is approved.

I can attest to you that very few doctors actively participate with Michigan no-fault insurance at the current time. The demands of documentation and paperwork are extensive for the current level of reimbursement. Rehabilitation physicians at Beaumont Hospital in Royal Oak have chosen over the last several years to no longer see accident victims with no-fault insurance as outpatients. I can only imagine how difficult it will be to have injured patients gain access to services after the acute phase

This is the feedback from our Billing Department at the current level of reimbursement:

1) When an auto carrier decides to put a claim in "under investigation" status we have to wait sometimes almost a year by the time they complete their investigation. This does not allow us enough time to bill the patient's health insurance, if they consider the claim to not be related to the accident.
2) They continually downcode claims and we have to do reconsiderations which takes up a lot of time.
3) The adjustors are not readily available to discuss claim problems. We have to leave several messages before we receive a return phone call.
4) Some of the Auto insurance carriers have created their own feel schedules based on usual and customary charges for our demographic area.
5) In a practice of 11 physicians we need 6 Billers and two insurance verification specialists. This is rooted from the complexity and hurdles of the insurance industry to have insurance benefits verified, services receive prior authorization, and the medical care provided by our staff to be paid appropriately by the insurance carriers.

The initial hurdles an ANF patient much jump through to justify payable benefits are difficult enough, however, it doesn't stop there. Carriers very rarely pay a claim on the first pass. They will often deny and deny until "proper documentation" is provided, continuous paperwork is often required from the treating physician. They don't accept electronic billing.

Typically, my patient are accompanied by a case manager, guardian, family member, caregiver and one or more representatives from the programs that are treating them residentially or as outpatients. As a result, we have remodeled to have larger exam rooms with electric exam tables that go up and down. In order for everyone to speak, appointments take longer.

Historically, for example, Workers Compensation was developed without fee screens. The fee screens were added subsequently. They were developed to protect the manufacturing industry in the State of Michigan. At the time they were implemented, there was a risk of manufacturing companies relocating to states such as Indiana, Tennessee, Alabama, and Texas, as well as to Mexico. . The fee screens were put in place to save the manufacturing companies money and to protect jobs. It was not taxpayer funded, as the film industry credits were when they were in place. It was funded by hospital systems and healthcare workers as a "loss leader" to attract and maintain manufacturing business.
The manufacturing base in Michigan eroded, regardless. Workers Comp injuries are primarily musculoskeletal or exposure injuries. They generally recover in a shorter time and only rarely

are lifelong. Automobile accidents relatively much more catastrophic and, of course, in comparison to workers can impact children and leave them with life-long disabilities.

The No-Fault insurance business has nothing in common with the manufacturing business. It is not a case of attempting to attract or maintain business in Michigan. The Auto No-Fault insurance business is thriving in Michigan, as attested to by the current profit levels. The MCCA is allegedly robust, with $17-20 billion in reserves.

A traumatic brain injury is an alteration in "brain-behavior" relationships. Thus, it may impact a person physically, cognitively, emotionally, and behaviorally. Thus, we can anticipate increased expenses with Community Mental Health; the Judicial System as more of these patients are unsupervised, do something impulsive and become arrested; the Corrections System as more become incarcerated; the Educational System as students need more support that they cannot get privately; and the Vocational Rehabilitation system, as most will have long exhausted their benefits by the time they are capable of being considered for vocational rehabilitation or work reintegration. Guardians do not want to have legal responsibility for active TBI patients on the streets with no funding. They do not fit into AFC homes and end up with legal problems.

All of these will increase the tax burden on the citizens of Michigan if the current post-acute system of care goes bankrupt related to inadequate reimbursement.

Additionally, according to the Citizens Insurance form several large employers have health plans that do not provide primary coverage for injuries resulting from motor vehicle accidents. These include federal employees such as postal workers or military employees. The following large employers also have exclusions: Wal-Mart, Target, Meijer, Dow, and Nissan. The following hospital groups also have exclusions in their private healthcare policies, including Beaumont, Allegiance in Jackson, St. John's Providence, Trinity, Sparrow, Port Huron, and McLaren.

The goal has to include keeping people and families out of bankruptcy and keeping families whole. Also avoiding homelessness and rehospitalization.

Even when individuals have private insurance, there may be significant limitations in coverage that would have a negative impact on individuals injured in motor vehicle accidents. They don't provide for Case management, transportation or attendant care services. Specifically, Blue Cross/Blue Shield and Blue Care Network do not provide outpatient coverage for cognitive therapy for more than a short period of time. Most private health plans offer a total of 60 visits per year of occupational therapy, physical therapy, and speech therapy for acute conditions. This is grossly insufficient to meet the needs of these catastrophically injured individuals who may need therapies for several years. Most plans have limited mental health coverage. They have limits on durable medical equipment. They do not provide for home modifications to make a home accessible for a paralyzed individual. They do not provide for vans or van modifications similarly. They may provide no coverage for high-tech prosthetics or orthotics.

We are "selling a bill of goods" to our Seniors by telling them they can get by with their Medicare if they have a catastrophic injury. First of all, Medicare only covers 80% of expenses and does not cover case management, transportation, attendant care, home and vehicle modifications, wage loss and replacement services.

There are significant adverse "unintended consequences" from the proposed legislation that will impact the state. When looking at the impact of this Bill and the proposed fee screens, this will have a significant impact on the finances of healthcare systems, particularly those with trauma centers. Nick Vitale, then the CFO for the 3 hospital Beaumont system, noted in March 2011 that the Beaumont system could lose up to $25 million in the first year. You can multiply this by the DMC, Henry Ford Hospital, St. John Providence, Trinity, Oakwood, University of Michigan, McLaren, Spectrum, etc.

For example, Mr. Vitale noted that "in real life, Beaumont loses money on Worker's compensation claims because reimbursement is below costs."

It is clear that under such circumstances the impact would be the cutting of services and cutting of staff. This would lead to more errors and decreased satisfaction.

There would be the strong likelihood of the cutting of Trauma Programs that benefit all the citizens of a community, not just those injured in motor vehicle accidents. Less profits means less money for capital expenses and capital equipment. There is a possibility of a drain of physicians from the state under those circumstances.

The Michigan Orthopaedic Society said imposing a fee schedule on top of low reimbursement rates by Blue Cross Blue Shield of Michigan could worsen the shortage of surgeons in the state and not "allow patients to return to pre-injury function."

As an example, Oakland County has at least 7 of the large healthcare systems represented within the county. The impact would be enormous. This would also have an impact on the new Oakland University Medical School, which Oakland County executive, Brooks Patterson, was previously quoted as saying would bring $3.2 billion into Oakland County over the next several years.

The only way to make up this shortfall will be to increase the cost of private health insurance.

Previously I spoke with one of the largest Blue/Cross Blue Shield managing agencies in the state. I learned that there was no question that this would drive costs up. He noted that as the risk goes up the cost goes up.

When there are increased benefit costs, they have to be shifted. Employers will sustain some of the costs, but it will shift a portion onto employees. Additionally, this will have a negative impact on providing raises. Individuals will have less discretionary income. Companies will limit their hiring. They will raise prices, which will be inflationary.

In October 2011, Lynn Weimeister, Director of Government and Community Relations at Beaumont Health System wrote, "In fact, if Workers Compensation rates replace the current rates with automobile insurers, Beaumont would receive $26 million less than our current compensation for both inpatient and outpatient care." The rates proposed in HB 5013 are far worse than this. There will be cost-shifting to employers. Beaumont, like other employers who are covered by ERISA health plans, would see an increase in their employee health care costs-costs that are now covered by the employee's own automobile insurance programs and the nominal MCCA assessment for lifetime medical care.
Since the Bill does not guarantee any reduction in automobile insurance premiums for individuals, it is likely the employees will incur higher health care costs than they do now.

Therefore, we will saddle residents within the State of Michigan to higher taxes, as well as higher benefit expenses with limited hope for increased wages.

One can only imagine how any individual or company considering relocating to Michigan will respond to this inappropriate attempt to move expenses from the private sector to the public sector.

There have been discussions that there needs to be no-fault reform because premiums are unaffordable for some. Specifically, premiums are unaffordable in Detroit due to the redlining and the high poverty rate.

Unfortunately, unless there is a significant slashing of premiums, it is not going to become affordable. As you may know, hospitals accept all patients through the ER regardless of ability to pay. It is one of the reasons that profit margins are low. Perhaps, Insurance companies could still provide full benefits but have reduced rates for those at low income or poverty levels as proven by their 1040 tax returns or other data. This would be similar to hospitals in providing that type of care or the new University of Michigan College Affordability Initiative providing free tuition if household income is below a certain threshold. It would be based on income not only on location. Maybe take availability of public transportation into account. Not everyone can afford to own a car. Millennials relocating to Detroit may not own a car or may actually pay more to park their cars in other cities than what car insurance should cost in Michigan.

Of course, in assessing affordability the onus can't just be on the cost of PIP benefits but also on comprehensive and collision benefits. That may be a strong contributing factor.
A further analysis of employment and income may suggest a need to comprehensively increase public transportation as well.

40% of people in Detroit may not have auto insurance. Up to 40% of people in Detroit are also currently unemployed. 35% are residing at the poverty level. Thus, it would be unaffordable at any rate.

The state cannot sustain further loss of jobs. Globally I spoke about the impact on the healthcare industry in Michigan. Looking at the Rehabilitation industry as a subset of this, there is the potential for loss of 5,000 jobs and $200 million. These jobs provide the major support in many communities. Not only do they provide direct healthcare services, but also support pharmacies, durable medical equipment suppliers, contractors, accountants, attorneys, and public relations professionals. The loss of up to $200 million dollars of corporate revenue translates to approximately $72 million dollars of reduced payroll taxes to Michigan. As facilities close there will also be the loss of property taxes which will but more pressure on Education.

The expertise developed for traumatic brain injury rehabilitation in the State of Michigan is recognized nationally. Previously, the United States Government awarded 4 of 22 national contracts for support of treating veterans to facilities within the state of Michigan.

There is a saying in rehabilitation that we all learn during our residency. Specifically, "*it is expensive to do rehabilitation the right way, but a lot more expensive to do it the wrong way.*" It is difficult to overcome complications or delay or deprive a person the opportunity to become a taxpayer once again.

House Bill 5013 proposes to fix a system that is not broken. It currently provides the best coverage in the nation, with premiums only 5% higher than the national average. It is a system for drivers and their passengers paid for only by drivers and not by taxpayers. Other states without no-fault insurance have higher tax burdens, as described above. Insurance companies in other states may pay out less in actual claims but once litigation against them is completed, often they are paying out just as much or more. It would be practical to look at net profits of Michigan auto insurers vs. other states.

In recent years the liability portion of the expense for PIP medical benefits is 16th in the nation at $493.56. The average is $471.09. Thus, it is really only $22.47 more than the national average. The collision expense alone is 30% higher than the national average. Contrast this to the 5% for PIP, and it is difficult to understand why the reform is on the PIP side and not on the collision side. Even with the combined expense of PIP along with Comprehensive and Collision, Michigan drivers pay only the 8th highest fees in the nation but clearly they have tax saving and private health care savings since these expenses are covered in the private sector.

Allstate Insurance published a study in 2011 noting that the accident rate in Detroit was 12.5% higher than the national average. Thus, it is not surprising that costs are higher. There [redacted]

[redacted]

are issues, reportedly, that relate to fraud regarding Comprehensive and Collision. These need to be dealt with directly. Such abuse impacts the state.

As a concerned citizen, I am concerned about increased taxes, increased health benefit costs, Increased costs for No-Fault insurance at safe levels of coverage, decreased services for injured auto victims, decreased services available from health care institutions and the health status of our communities.

A traumatic brain injured patient may have a brain injury, crushed face, require mechanical ventilation, tracheostomy, and feeding tube, as well as dealing with paralysis, cognitive and behavioral deficits. This will impact them for a lifetime.

Attendant care benefits are being limited. We must keep in mind that maintaining a patient at home is not easy. Homes are not hospitals or facilities. There is no back up. No doctor, specialist or nurse on call. The attendant has to be able to evaluate and make treatment decisions. Including deciding to go to the ER. The home has a limited formulary of meds, supplies and diagnostic equipment.

It is inappropriate to put in knee-jerk legislation such as a fixed payment per hour regardless of the level of care. There is no other industry that pays on such a wage scale. You can't legislate a one-size fits all level of care. But you are attempting to by such a wage scale. The level of care is determined by the physician prescription for care. A non-nurse can do basic care or be

trained to do high-tech care. An RN could decide to do those levels of care and be paid for those levels of care. However, if the prescription is written for RN or LPN level of care, then an RN doing that level of care should be paid as an RN.

You can't put a limit on someone's license or interfere with their contractual employment. Why can an RN work for an agency on a similar client who is not a relative but not work as an RN for a family member?

These attendants may be responsible for meds, wounds, splints, catheterization, bowel programs, behavior management, therapy programs, trouble-shooting equipment issues, communicating to doctors, providers, insurance companies, providing documentation to all of them, etc.

Some patients will simply require more than 24 hour care per day. This means part of the day they will need more than one caregiver at a time. Some patients are totally paralyzed or have limited mobility with severe spasticity. One person may not be able to move them at all or to move them safely. The patient could be dropped or the caregiver could be hurt.

St. Joseph Mercy Health System HR Policy #780 is "Safe Lifting and Handling Techniques."
Included in the policy is the following language:
If, when engaged in lifting, employees must lift or bear 48 pounds or more of the patient's weight, they must use a lifting device or get assistance while lifting.

When lifting greater than 48 pounds, employees are required to use assistive devices. The team approach also requires that more than one employee assist in the transfer.
These patients can be dead weight. An agency would never accept a home care case that did not allow them to treat the patient and their employees safely. Why would we discriminate against patients who chose family provided home care?

There are other examples of the need to have more than one care giver at time including when attempting to do therapy on a mat where one of the caregivers has to hold a patient up or stabilize a neck, etc. When suctioning might be done. Where there is extreme agitation.
Where someone needs to hold legs apart to do personal care, catheterization or a bowel program, etc.

I understand that a Medical Review can be requested for approval for a second caregiver.

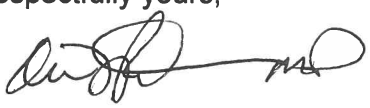
There is no confirmed cost savings with the reduced benefits. In another previous Crain's article, Ari Adler, press secretary for then Republican House Speaker, Jase Bolger, said no-fault auto reform legislation would be introduced. He said "the insurance industry wants it done."
That is not a sufficient reason particularly without their honest collaboration in solving any perceived problems.

The proposed legislation offers no benefits for injured drivers or their families. It only limits benefits. It provides only burdens for the healthcare system, already poorly-funded state agencies, and increased taxes for residents of the state of Michigan.

This legislation does not pass "The Compass for Responsible Government." It will make it more difficult for us to create more and better jobs. It increases the price of government. It increases the cost of living. It increases the cost of doing business. It does not seek to secure our rights to life, liberty, and the pursuit of happiness.

Thank you for the opportunity of sharing my thoughts with you. I am available to discuss these issues with you at any time that is convenient for you.

Respectfully yours,



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